



**Wealthstreet**  
The Financial Engineers

## ATTENTION

Declaration pursuant to National Stock Exchange of India Circular bearing reference No. NSE/INSP/2011/121 dated 22nd August, 2011 and Bombay Stock Exchange Limited Circular bearing reference No. 20110823/4 dated 23rd August, 2011 and CDSL/OPS/DP/Policy/2615 dated 23rd August, 2011 read with SEBI circular bearing reference No. Cir/ MIRSD/16/2011 dated 22nd August, 2011, Multy Commodity Exchange Limited (MCX) Circular bearing No. MCX / COMP / 469 / 2011 dated 22nd December, 2011 read with SEBI Circular bearing No. Div. III / I / 89 / 07 dated 16th December, 2011.

Declaration pursuant to PMLA by SEBI vide its circular ISD/AML/CIR-1/2010 dtd 12th February, 2011.

<b>Professional Clearing Member</b> <b>NSE &amp; BSE - F &amp; O</b> <b>NSE - CD</b> <b>Edelweiss Custodial Services Ltd</b> Edelweiss House, 5th floor, Kalina, Santacruz (E) Mumbai - 400098	<b>Wealthstreet Financial Services Private Limited (WFSPL)</b> SEBI Regn. Nos. :- NSE Cash (CM) NSE Derivatives (F&O) NSE Currency Derivatives (CD) BSE Cash (CM) BSE Derivatives (F&O) BSE Currency Derivatives (CD) MCX CDSL DP - 85500 MFSS Segment - AMFI
	INZ 000157331 Dt. 27.09.2017 IN - DP - 361 - 2018 Dt. 05.04.2018 ARN-118251 Dt. 09.01.2017

(This information is the sole property of Wealthstreet Financial Services Private Limited and would not be disclosed to anyone unless required by law or except with express permission of client)

Director / Compliance Officer Name	Mr. Ajay Sarogi / Mr. Suren Pandya		
Tel No.	079-66775500	Email id:	grievance@wealthstreet.in

For any grievance / dispute please contact Wealthstreet Financial Services Private Limited (WFSPL) at the above address or email id - helpdesk@wealthstreet.in and Tel. No. 079-66775500. In case not satisfied with the response, please contact the concerned exchange(s). For **NSE** for - ignse@nse.co.in or 022-26598190 / For **BSE**- is@bseindia.com or 022-22728097, For **MCX**- compliance@mcxindia.com or 022-66494090.



REG\_F



**Wealthstreet**  
The Financial Engineers

## ACCOUNT OPENING KIT

### ACKNOWLEDGEMENT

**Wealthstreet Financial Services Private Limited ( WFSPL)**

Regd. Office : A-1101, Mondeal Heights, Besides Novotel Hotel, S.G. Highway, Ahmedabad-380015.

Dear Sir,

This has reference to necessary Know Your Client Form containing basic information, additional information and other documents executed by me. I hereby acknowledge receipt of following documents from you:-

S.No.		Page Nos.
<b>Particulars (Mandatory as prescribed by Equity Exchange)</b>		
1.	Documents containing mandatory Rights and Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI and Depositories	1-4
2.	Documents containing voluntary Rights & Obligations of stock broker, sub-broker and client forming part of documents as mentioned in clause 1 above.	5-11
3.	Internet & wireless technology based trading facility provided by stock brokers to client	12-13
4.	Risk Disclosure Documents.	14-19
5.	Document detailing do's and don'ts for trading on exchange, for the education of the investors.	20-22
6.	Policy and Procedures document. (Voluntary as prescribed by Member Broker)	23-30

**Particulars (Voluntary as prescribed by Member Broker)**

1.	Containing Clause (1-27) Voluntary documents pertaining to non-mandatory documentation and tariff sheet duly signed by me.	31-36
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**Mandatory Documents as Prescribed by Commodity Exchange**

1.	Uniform Risk Disclosure Document (RDD) - Document detailing risks associated with dealing in the commodities market.	1- 6
2.	Rights and Obligations of Members, Authorized Persons and Clients - Document stating the rights & obligations of member, authorized person and client for trading on exchanges (including additional rights & obligations in case of internet/wireless technology based trading)	7 - 17
3.	Internet & wireless technology based trading facility provided by members to client	18 -19
4.	Do's and Don't for the Investors - Document detailing do's and don't for trading on exchange, for the education of the investors.	20 - 23
5.	Policies & Procedure - Policies & Procedure for commodities.	24 - 28

I state that I have read and understood all above documents and these documents are binding upon me.

Thanking You,

Signature



(First/Sole Holder Signature)

A HUF

KARTA



(Second Holder Signature)



(Third Holder Signature)



**Wealthstreet**  
The Financial Engineers

## PART -A

# KNOW YOUR CLIENT (KYC) APPLICATION FORM

# INDEX

**MANDATORY DOCUMENTS AS PRESCRIBED BY SEBI UNDER NOTIFICATION NO. CIR/MIRSD/16/2011 (22.08.2011)**

Sr. No.	Name of the document	Brief significance of the document	RG. Nos
1	Know Your Client or Account Opening Form		-
		B] Document captures the additional information of the constituent relevant to trading account (for non -Individuals)	1-4
2	Trading Account Details and Brokerage Tariff Details	Details of Constituent pertaining to bank account / Depository / Past actions. Document detailing the rate/amount of brokerage and other charges levied on the constituent for trading on the Stock & Commodity Exchanges.	5-12
3	Schedule of Charges (BO Account)	Tariff details pertaining to BO Account	13
4	FATCA Individual	Account Opening Form Supplement	14
5	Declaration By HUF	Declaration for operating Beneficiary Account (by Karta/HUF)	15
6	Running Account Authorization	Authorization letter to maintain constituents account on Running Account basis.	16-18
7	Star MF / MFSS	Mutual Fund Registration BSE/NSE	19
8	ECN	Declaration for Commodity Exchange	20-21



IP\_B



**Know Your Client (KYC)****Application Form (For Non- Individuals Only)**

Please fill the form in ENGLISH and in BLOCK letters

Fields marked \* are mandatory

Fields marked \* are pertaining to CKYC and mandatory only if processing CKYC also

**WEALTHSTREET FINANCIAL SERVICES PRIVATE LIMITED**  
Formerly Known as : **WEALTHSTREET ADVISORS PRIVATE LIMITED**

Registered Office: A-1101, Mondeal Heights, S.G Highway, Ahmedabad-380015

**CDSL VENTURES LIMITED**  
Exploring New Horizons

Application Number:

Application Type\*: ☒ New KYC ☐ Modification KYC**1. Entity Details (please refer guidelines)**

PAN\*

A A A H B 1 2 3 4 A

Please enclose a duly attested copy of your PAN Card

Name\* (same as ID proof)

RAJA RAM JANI HUF

Date of Incorporation\*

01/01/2001

Place of Incorporation\*

AHMEDABAD

Date of Commencement\*

Registration Number\*

Entity Type\*

Please Tick (✓)

☐ Private Ltd. Co.☐ Public Ltd. Co.☐ Body Corporate☐ Partnership☐ Trust/Charity/NGO☒ HUF☐ FPI Category I☐ FPI Category II☐ AOP☐ Bank☐ Government Body☐ Defence Establishment☐ Body of Individuals☐ Society☐ LLP☐ Non-Government Organization☐ Others**2. Proof of Identity\* (please refer the guidelines)**☒ Officially Valid Document(s) in respect of person authorized to transact☐ Certificate of Incorporation/Formation☐ Registration Certificate☐ Memorandum of Articles and Association☐ Partnership Deed☐ Trust Deed☐ Board Resolution☐ Power of attorney granted to its manager, office, employees to transact on its behalf☐ Activity Proof -1\* (For Sole Proprietorship Only)☐ Activity Proof -2\* (For Sole Proprietorship Only)**3. Address Details\* (please refer the guidelines)****A. Registered Address\***

Line 1\* A 1101 MONDEAL HEIGHTS

Line 2 BESIDE NOVOTEL HOTEL AHMEDABAD 380015

Line3 S G HIGHWAY

City/Town/Village\* AHMEDABAD

District\* AHMEDABAD

Pin Code\* 380015

State\* GUJARAT

Country\* INDIA

**B. Correspondence/Local Address in India (if different from above)\***

Line 1\* A 1101 MONDEAL HEIGHTS

Line 2 BESIDE NOVOTEL HOTEL AHMEDABAD 380015

Line3 S G HIGHWAY

City/Town/Village\*

District\*

Pin Code\*

State\*

Country\*

Applicant Digital Signature (DSC)

**Proof of Address\*** (attested copy of any one POA to be submitted—\*Not more than 3 months old)

<input type="checkbox"/> Certificate of Incorporation/Formation	<input type="checkbox"/> Registration Certificate	<input type="checkbox"/> Other document
<input type="checkbox"/> Latest Telephone Bill* (Landline only)	<input type="checkbox"/> Latest Electricity Bill*	<input checked="" type="checkbox"/> Latest Bank Account Statement*
<input type="checkbox"/> Registered Lease/ Sale Agreement of Office Premises	Validity/Expiry Date of POA (Expiry Date) _____	
<input type="checkbox"/> Any other proof of address document (as listed overleaf) _____		

**4. Contact Details**

Email ID	KYC@wealthstreet.in	Mobile No.	07966775552
Email ID	KYC@wealthstreet.in	Mobile No.	07966775552
Tel (off)		Fax	

**5. Annexures Submitted**

Number of Related Persons - 2

**6. Remarks / Additional Information****7. Applicant Declaration**

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it.

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

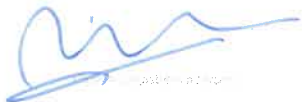
DATE: 30/04/2024 (DD-MM-YYYY)

PLACE: AHMEDABAD

Applicant Digital Signature (DSC)

Applicant Wet Signature

  
A HUF  
KARTI**8. For Office Use Only**

KYC carried out by*	Intermediary Details*
KYC Date 30/04/2024	<input checked="" type="checkbox"/> Self certified document copies received (Originals Verified)
Emp. Name RADHA	<input checked="" type="checkbox"/> True Copies of documents received (Attested)
Emp. Code 4444	AMC / Intermediary Name OR Code:
Emp. Designation RM	<b>WEALTHSTREET FINANCIAL SERVICES PRIVATE LIMITED</b>
	

— This space is intentionally left blank — This space is intentionally left blank — This space is intentionally left blank — This space is intentionally left blank —

**Know Your Client (KYC)****Annexure (For Non- Individuals Only)****WEALTHSTREET FINANCIAL SERVICES PRIVATE LIMITED**  
Formerly Known as : **WEALTHSTREET ADVISORS PRIVATE LIMITED**

Registered Office: A-1101, Mondeal Heights, S.G Highway, Ahmedabad-380015

Please fill the form in **ENGLISH** and in **BLOCK** letters

Fields marked \* are mandatory

Fields marked ~ are pertaining to CKYC and mandatory only if processing CKYC also

**CDSL VENTURES LIMITED**  
Exploring New Horizons

Application Number:

Application Type\*: ☒ New KYC ☐ Modification KYC**1. Identity Details of Related Person** (please refer guidelines overleaf)PAN\* A A A H B 1 2 3 4 A

Please enclose a duly attested copy of your PAN Card

Name\* (same as ID proof) MR RAJA RAM JANI

Maiden Name\* (if any) \_\_\_\_\_

Fathers/Spouse's Name\* MR RAM CHANDRA JANIMother's Name\* MRS JANKI RAM JANIDate of Birth\* 01/01/1981Gender\* ☒ Male ☐ Female ☐ TransgenderNationality\* ☒ Indian ☐ Other \_\_\_\_\_

## Related Person Type\*

☐ Director ☐ Promoter ☒ Karta ☐ Trustee ☐ Partner ☐ Court Appointed Official Proprietor☐ Beneficiary ☐ Authorized Signatory ☐ Beneficial Owner ☐ Power of Attorney Holder☐ Others \_\_\_\_\_ (please specify) DIN: \_\_\_\_\_ (mandatory if the related person is Director)

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

☒ A — Aadhaar Card XXXX XXXX 2222☐ B — Passport Number \_\_\_\_\_☐ C — Voter ID Card \_\_\_\_\_☐ D — Driving License \_\_\_\_\_☐ E — NREGA Job Card \_\_\_\_\_☐ F — NPR \_\_\_\_\_☐ Z — Others \_\_\_\_\_

Identification Number \_\_\_\_\_

Lat:

Long:

IPV:

City:

(Expiry Date) \_\_\_\_\_

(Expiry Date) \_\_\_\_\_

(any document notified by Central Government)

**2. Address Details\*** (please refer guidelines overleaf)**A. Correspondence/ Local Address\***Line 1\* A 1101 MONDEAL HEIGHTSLine 2 BESIDE NOVOTEL HOTELLine3 S G HIGHWAYCity/Town/Village\* AHMEDABAD District\* AHMEDABAD Pin Code\* 380015State\* GUJARAT Country\* INDIAAddress Type\* ☐ Residential/Business ☒ Residential ☐ Business ☐ Registered Office ☐ Unspecified

Applicant e-SIGN

**B. Permanent residence address of applicant, if different from above A / Overseas Address\* (Mandatory for NRI Applicant)**

Line 1\* A 1101 MONDEAL HEIGHTS

Line 2 BESIDE NOVOTEL HOTEL AHMEDABAD 380015

Line3 S G HIGHWAY

City/Town/Village\* AHMEDABAD

District\* AHMEDABAD

Pin Code\* 380015

State\* GUJARAT

Country\* INDIA

Address Type\* ☐ Residential/Business ☒ Residential ☐ Business ☐ Registered Office ☐ Unspecified**Proof of Address\*** (attested copy of any 1 POA for correspondence and permanent address each to be submitted)☒ A — Aadhaar Card XXXX XXXX 2222☐ B — Passport Number

(Expiry Date) \_\_\_\_\_

☐ C — Voter ID Card☐ D — Driving License

(Expiry Date) \_\_\_\_\_

☐ E — NREGA Job Card☐ F — NPR Letter☐ Z—Others \_\_\_\_\_ (any document notified by Central Government)

Identification Number \_\_\_\_\_

**3. Contact Details**

Email ID KYC@wealthstreet.in

Mobile No. 07966775552

Tel (off) \_\_\_\_\_

Tel (Res) \_\_\_\_\_

**4. Applicant Declaration**

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it.

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

DATE: 30/04/2024 (DD-MM-YYYY)

PLACE: AHMEDABAD

Applicant e-SIGN

Applicant Wet Signature

 A HUF  
KARTA**5. For Office Use Only**

KYC carried out by\*

Intermediary Details\*

KYC Date 30/04/2024

Emp. Name RADHA

Emp. Code 4444

Emp. Designation RM

☒ Self certified document copies received (OVD)☒ True Copies of documents received (Attested)

WEALTHSTREET FINANCIAL SERVICES PRIVATE LIMITED







**Wealthstreet**  
The Financial Engineers

## TRADING / DEMAT ACCOUNT RELATED DETAILS

### FUNDS PAYOUT THROUGH NATIONAL ELECTRONIC FUND TRANSFER (NEFT)

I /We RAJA RAM JANI HUF wish to receive funds payout through NEFT. My bank details are as given below for your records. Request you to release my / our funds payout

Bank Name	BANK OF BARODA															
Bank Address	AHMEDABAD															
Account Number	0	2	0	2	0	2	0	2	0	2	0	2				
Account Type	Saving		<input checked="" type="checkbox"/>	Current		Others (please specify)										
IFSC Code	B	A	R	B	0	3	3	3	3	3	3	3				
MICR Code	3	8	0	0	0	0	0	0	0	0	0	2				

I /We hereby declare that the above mentioned details are correct & Wealthstreet Financial Services Private Limited or any of the group companies shall not be held responsible for any kind of wrong transfer due to incorrect information given by me / us.

Please provide cancelled cheque leaf for MICR & IFSC Code.

### DEPOSITORY ACCOUNT(S) DETAILS

DP Name	Wealthstreet Financial Services Private Limited												
DP ID	12085500												
BO / UCC Client ID													
Depository	NSDL <input type="checkbox"/> CDSL <input checked="" type="checkbox"/>												
DP Address	AHMEDABAD												

For HUF, Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., although the account is opened in the name of the karta, partner(s), trustee(es) etc., the name & PAN of the HUF, Partnership Firm, Unregistered Trust, Association of Persons (AOP) etc., should be mentioned below:

a) Name	RAJA RAM JANI HUF						b) PAN	A	A	A	H	B	1	2	3	4	A
<b>In case of filis/Others (as may be applicable)</b>																	
RBI Approval Reference Number																	
RBI Approval date						D D M M Y Y Y Y											
SEBI Registration Number (for Filis)																	

### BENEFICIARY NAME(S)

1.	
2.	
3.	



BANK\_DP\_F

**INVESTMENT/TRADING EXPERIENCE**

☒ No Prior Experience      \_\_\_\_\_ Years in Commodities      \_\_\_\_\_ Years in other investment related fields

**GST DETAILS (As applicable, State wise)**





Local GST Registration No.			
Name of the State			
Other GST Registration No.			
Name of the State			

**MCX CATEGORIZATION**


Category	<input type="checkbox"/> Farmers/FPOs	<input type="checkbox"/> Proprietary Traders	<input type="checkbox"/> Foreign Participants	<input type="checkbox"/> Hedgers
	<input type="checkbox"/> Value Chain Participants	<input type="checkbox"/> Domestic financial institutional investors		<input type="checkbox"/> Others

**TRADING PREFERENCE**

\*Please sign in the relevant boxes where you wish to trade. The segment not chosen should be struck off by the client.

Exchange segment for Equity	NSE	BSE
Cash		
F & O		
Currency		

**Other preferences**

Mutual Fund		
-------------	--	--

Exchange segment for Commodity	MCX	NCDEX
		

#If, in future, the client wants to trade on any new segment/new exchange, separate authorization/letter should be given by the client to the stock broker.



**PAST ACTIONS**

Details of any action/proceedings initiated/pending/ taken by SEBI/ Stock exchange/any other authority against the applicant/constituent or its Partners/promoters/whole time directors/authorized persons in charge of dealing in securities during the last 3 years:

**DEALINGS THROUGH SUB-BROKERS AND OTHER STOCK BROKERS**

If client is dealing through the sub-broker, provide the following details:

Sub-broker's Name:			
Registered office address:	NSE SEBI Regn. No.:		
	BSE SEBI Regn. No.:		
	Tel.:		
	Fax:		
	Website:		

whether dealing with any other stock broker/sub-broker (if ~~one~~ dealing with multiple stock brokers/sub-brokers, provide details of all)

Name of stock broker:			
Name of sub-broker, if any:			
Client Code:			
Exchange:			
details of disputes/dues pending from/to such stock broker/sub-broker:			

**ADDITIONAL DETAILS**

Whether you wish to receive physical contract note or Electronic Contract Note (ECN) (please specify):	<input checked="" type="checkbox"/> Electronic Contract Note	<input type="checkbox"/> Physical
Specify your Email id, if applicable: The E-mail Id belongs to : If Family Member, then Relation	KYC@wealthstreet.in <input checked="" type="checkbox"/> Own <input type="checkbox"/> Family Members	
Whether you wish to receive SMS alert from Stock Exchanges/ Stock Broker	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Detail of Owner of Mobile Number	07966775552	
Registered The Mobile Number belongs to : If Family Members, then Relation	<input checked="" type="checkbox"/> Own <input type="checkbox"/> Family Members	
Family Account Adjustment	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inter Segment Adjustment	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Pledge Authorization Against Margin Requirement / Outstanding Debit with Clearing Corporation / Financial Institution	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Whether you wish to avail of the facility of internet trading/ wireless technology (please specify):	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Number of years of Investment/Trading Experience:		
Any other information:		



ADD\_F



13

First / Sole Holder

**INTRODUCER DETAILS**

Name of the Introducer	RADHA
Branch / SB / RM / Employee Code	4444
Status of the Introducer:	<input type="checkbox"/> Sub-broker <input type="checkbox"/> Remisier <input type="checkbox"/> Authorized Person <input type="checkbox"/> Existing Client <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Others, please specify _____
Address and Tel No of the Introducer	AHMEDABAD
Introducer Code	4444
Introducer's Signature	

**OTHER DETAILS****IN CASE OF INDIVIDUAL & NON INDIVIDUAL**

<b>Gross Annual Income details (please specify): Income Range per annum: ♦ in lacs)</b>			
<input type="checkbox"/> Below ₹ 1 Lac	<input checked="" type="checkbox"/> ₹ 1 to ₹ 5 Lac	<input type="checkbox"/> ₹ 5 to 10 Lac	<input type="checkbox"/> ₹ 10 to ₹ 25 Lac
<input type="checkbox"/> 25 to ₹ 1z cror	<input type="checkbox"/> Above ₹ 1 crore		
<b>Net-worth as on date</b> (Net worth should not be older than 1 year)			
<b>Occupation</b> (please tick any one and give brief details):	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Service
	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired
		<input checked="" type="checkbox"/> Business	<input type="checkbox"/> Student
		<input type="checkbox"/> Housewife	<input type="checkbox"/> Other
<b>Nature of Business :</b>	<input type="checkbox"/> Manufacturing <input type="checkbox"/> Service <input type="checkbox"/> Trading <input type="checkbox"/> Consultant <input type="checkbox"/> Other _____		
<b>Risk Categorization :</b>	<input type="checkbox"/> High <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Low		
<b>Any other information:</b>			

**DECLARATION ACCEPTANCE FOR TRADING ACCOUNT**

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I confirm having read/been explained and understood the contents of the document on policy and procedures of the stock broker and the tariff sheet, and all voluntary/ non-mandatory documents.
- I further confirm having read and understood the contents of the 'Rights and Obligations' document(s), 'Risk Disclosure Document' and 'Guidance Note' with 'Policy and Procedures' Do's and Dont's I do hereby agree to be bound by such provisions as outlined in these documents. I have also been informed that the standard set of documents has been displayed for Information on stock broker's designated website, if any.

	
14	First / Sole Holder



**BROKERAGE RATES (Equity)**

Mention on percentage or paisa very clearly	Trading / Intra-day first leg-second leg	Minimum (mention on percentage or paisa)	Delivery (Cm) / Carry forward (f&O)	Minimum (mention on percentage or paisa)	Minimum (per Options contract)
<b>CM Segment</b>	0.03	0.03	0.30	0.03	<b>N.A.</b>
<b>F&amp;O Segment</b>	0.03				50
<b>Currency</b>					50

**BROKERAGE RATES (Commodity)**

Mention on percentage or paisa very clearly	Trading / Intra-day first leg-second leg	Minimum (mention on percentage or paisa)
<b>MCX</b>	0.03	OPTION:50
<b>NCDEX</b>		

Note :

- 1 The above rates are exclusive of Stamp Duty, Exchange Transaction charges, Securities Transaction Tax, SEBI Turnover Charges and GST which will be charged extra at the rate prevailing from time to time. Further it is exclusive of any other charges /levies that may be imposed from time to time.
- 2 The General Rates as mentioned here shall be applied unless the Special Rates as may be agreed by the Client and the same are mentioned above.
- 3 For Internet Based Trading (IBT) clients, additional charges with regard to software access etc. will be applicable as per the terms agreed at relevant point in time.





I / We request you to open a demat account in my/our name as per the following details :

### Holders Details

CDSL

Sole / First Holder's Name		RAJA RAM JANI HUF		PAN		A	A	A	H	B	1	2	3	4	A
				UID											
Occupation (please tick any one and give brief details):		<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Service	<input checked="" type="checkbox"/> Business	<input type="checkbox"/> Student									
		<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife	<input type="checkbox"/> Others									
Second Holder's Name				PAN											
				UID											
Occupation (please tick any one and give brief details):		<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Student									
		<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife	<input type="checkbox"/> Others									
Third Holder's Name				PAN											
				UID											
Occupation (please tick any one and give brief details):		<input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Service	<input type="checkbox"/> Business	<input type="checkbox"/> Student									
		<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Retired	<input type="checkbox"/> Housewife	<input type="checkbox"/> Others									

\* In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above.

Name *				PAN											
Type of Account - Individual (please tick whichever is applicable)															
<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident			<input type="checkbox"/> Individual - Director											
	<input type="checkbox"/> Individual Director's Relative			<input checked="" type="checkbox"/> Individual HUF / AOP											
	<input type="checkbox"/> Individual Promoter			<input type="checkbox"/> Minor											
	<input type="checkbox"/> Individual Margin Trading A/C (MANTRA)			<input type="checkbox"/> Other (specify) _____											
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable			<input type="checkbox"/> NRI Non-Repatriable											
	<input type="checkbox"/> NRI Repatriable Promoter			<input type="checkbox"/> NRI Non-Repatriable Promoter											
	<input type="checkbox"/> NRI - Depository Receipts			<input type="checkbox"/> Other (specify) _____											
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National			<input type="checkbox"/> Foreign National - Depositor Receipts			<input type="checkbox"/> Other (specify) _____								

Type of Account - Non-Individual (please tick whichever is applicable)															
Status												Sub - Status			
<input type="checkbox"/> Body Corporate <input type="checkbox"/> Banks <input type="checkbox"/> Trust <input type="checkbox"/> Mutual Fund <input type="checkbox"/> OCB <input type="checkbox"/> FI <input type="checkbox"/> CM <input type="checkbox"/> FI <input type="checkbox"/> Clearing House <input type="checkbox"/> Other (specify) _____												To be filled by the DP			
SEBI Registration No. (If Applicable)								SEBI Registration Date				<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>DD</span> <span>MM</span> <span>YY</span> </div> <div style="display: flex; justify-content: space-between;"> <span></span> <span></span> <span></span> </div> </div>			
RBI Registration No. (If Applicable)								RBI Approval Date				<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>DD</span> <span>MM</span> <span>YY</span> </div> <div style="display: flex; justify-content: space-between;"> <span></span> <span></span> <span></span> </div> </div>			
Nationality				<input checked="" type="checkbox"/> Indian <input type="checkbox"/> Others (specify) _____											

### Guardian details (where sole holder is a minor):

[For account of a minor, two KYC Application Forms must be filled i.e. one for the guardian and another for the minor (to be signed by guardian)]

Guardian Name			
PAN			
Relationship of Guardian with minor			

### Standing Instructions

I/We instruct the DP to receive each and every credit in my/ our account (If not marked, the default option would be 'Yes')	Automatic Credit <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Account to be operated through Power of Attorney	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
I/We would like to instruct the DP to accept all the pledge instructions in my/our account without any other further instruction from my/our end (If not marked, the default option would be 'No')	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



DP\_DET1\_F

Account Statement Requirement	<input checked="" type="checkbox"/> As per SEBI Regulation	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID KYC@wealthstreet.in					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to share the email ID with RTA					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to receive the Annual Report <input type="checkbox"/> Physical / <input checked="" type="checkbox"/> Electronic (Tick the applicable box. If not marked the default option would be in Physical)					
I / We wish to receive dividend / Interest directly into my bank account through ECS ( If not marked default option would be yes) (ECS is mandatory for location notified by SEBI from time to time)					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
SMS Alert Facility					
First Holder - <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Second Holder - <input type="checkbox"/> Yes <input type="checkbox"/> No		Third Holder - <input type="checkbox"/> Yes <input type="checkbox"/> No	

Transactions Using Secured Texting Facility (TRUST). Refer to Terms and Conditions Annexure - 2.6	I wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility I have read and understood the Terms and Conditions prescribed by CDSL for the same		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	I/We wish to register the following clearing member Ids under my/our below mentioned BOID registered for TRUST		
	Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID ( Optional)

Easi	To register for easi, please visit our website <a href="http://www.wealthstreet.in">www.wealthstreet.in</a> EASI allows a BO to view his ISIN balances, transactions and value of the portfolio online
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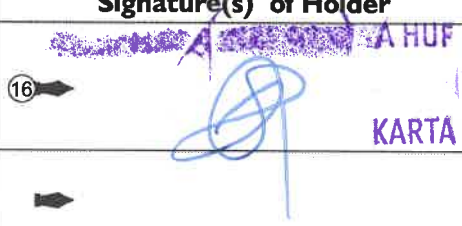


Clearing Member Details (to Be Filled Up By Clearing Members Only)		
1	Name of Stock Exchange	
2	Name of Clearing Corporation/Clearing House	
3	Clearing Member ID	
4	SEBI Registration Number	
5	Trade Name	
6	CM-BP-ID (to be filled up by Participant)	

Any other information :	
-------------------------	--

Please Tick, If Applicable, For Any Of Your Authorized Signatories/promoters/partners/karta/trustees/whole Time Directors:	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)
--	---

### DECLARATION ACCEPTANCE FOR DEMAT ACCOUNT

The rules and regulations and Bye laws of the Depository and Depository Participants pertaining to an account which are in force now have been read by me/us and I/we have understood the same and we agree to abide by and to be bound by the rules, regulations and bye laws as are in force from time to time for such accounts, I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am / we are aware that I/we may be held liable for it. In case non-resident account, I/We also declare that I/We have complied and will continue to comply with FEMA regulations. I/We acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".

Sole/First Holder	Name (s) of Holder(s)	Signature(s) of Holder
Sole/First Holder/ Guardian/ Authorised Signatory (in case sole holder is minor) (Mr./Mrs.)	RAJA RAM JANI HUF	 KARTA
Second Holder/ Authorised Signatory (Mr./Mrs.)		
Third Holder/ Authorised Signatory (Mr./Mrs.)		



DP\_DET2\_B

Mode Of Operations For Sole/First Holder (in Case Of Joint Holdings, All The Holders Must Sign)		
<input type="checkbox"/> Any one singly		<input type="checkbox"/> Jointly by
<input type="checkbox"/> As per resolution		<input type="checkbox"/> Others (please specify)

**Notes:**

1. In case of additional signatures, separate annexures should be attached to the application form.
2. Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
3. For receiving Statement of Account in electronic form:
  - I. Client must ensure the confidentiality of the password of the email account.
  - II. Client must promptly inform the Participant if the email address has changed.
  - III. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.
4. Strike off whichever is not applicable.



DP\_DET3\_F



**Schedule of Charge Structure for DEMAT Services  
Corporate Investor**

SERVICE	CHARGE			
	REGULAR* HUF	LIFE TIME HUF ✓	CORPORATE	LIFE TIME *** FREE AMC
Annual Maintenance Charge	Rs.400/- 1 <sup>st</sup> Year Free	Rs.1500/-	Rs.1000/-	FREE
Transfer (Buy/Credit)	NIL	NIL	NIL	NIL
Transfer (Sell/ Debit) Market	Rs.15/-	Rs.20/-	Rs.15/-	Rs.25/-
Market /off Market Transfer Other than WFSPL	Rs.30/-	Rs.40/-	Rs.30/-	Rs.50/-
Demat	Rs.5 /- Per Certificate with min Rs.40/- Per request + Rs.50/- Postage Charges per request			
Remat	Rs.50 /- Postage Charges +Rs.11 /- Per 100 Securities / Rs.20/- Per Certificate whichever is higher, Maximum 500000/-			
Pledge Creation	Rs. 25/- Per ISIN			
Pledge Closure/Invocation	Rs. 25/- Per ISIN			
Margin Pledge	Rs. 15/- Per ISIN			
Margin Unpledge	Rs. 15/- Per ISIN			
Freeze-De-Freeze	Rs.50/-			
Failed Instruction Charges	NIL			

\*\* If Value of holding is up to 50000 , Rs .100/- if value of holding is between 50001 to 200000.

I/We wish to avail BSDA facility: ☐ Yes ☒ No

\*\* If I/We am/are found to be not eligible for BSDA scheme due to non-fulfilment of criteria prescribed by SEBI, then the default scheme applicable shall be yearly AMC.

**Notes :**

1. GST at actual wherever applicable.
2. We reserve the rights to change/add charges with 30 days prior notice.
3. Charges/Tariffs shall be revised / changed at WFSPL's discretion, intimation of which shall be done by E-mail/Post
4. For account opening charges/annual maintenance, cheques required Payable at Par/DD.
5. All payments should be in favour of "Wealthstreet Financial Services Private Limited ( WFSPL)"
6. Currently I/We want to open regular Demat Account. I/We are aware that my regular Demat Account will be converted to BSDA as per SEBI circular No. CIR/MRD/DP/20/2015 dated 11th December 2015 at the end of the billing cycle if the same is eligible for the BSDA as per SEBI guidelines. Despite this, in subsequent years, I/ We hereby request you to allow me/us to continue the said Demat Account under normal scheme as availed by me/us at the time of account opening/modified (If any) to avail regular DP services. If I wish to convert the said Demat Account to BDA I/We intimate the same to WFSPL.BSDA\*\*.
1. Scheme Applicable only to an Individual Account Holder.
2. I/We have read and understood the Securities and Exchange Board of India's guidelines for facility for a BSDA
3. First/Sole holder does not have / propose to have any other Demat Account across Depositories.
4. In case of BSDA, if the value of holdings exceeds more than Rs. 200000/- any date then charges will be levied as applicable to Regular Scheme (non-BSDA) from that date onwards.

Acceptance by client

I/We accept above Charges Structure.

DP ID	1	2	0	8	5	5	0	0	Client ID								
-------	---	---	---	---	---	---	---	---	-----------	--	--	--	--	--	--	--	--

A HUF										

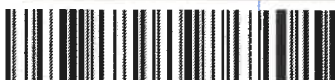
18

First / Sole Holder

KARTA

Second Joint Holder

Third Joint Holder



DP\_CHRG\_B

## Account Opening form supplement - FATCA (Individuals)

To,,

**Wealthstreet Financial Services Private Limited**

A-1101, Mondeal Heights, Besides Novotel Hotel,  
S.G. Highway, Ahmedabad-380015.

Please Furnish The Below Information Along With Supporting Documents

Name R A J A R A M J A N I

Country of Residence I N D I A

Country of Birth I N D I A

Please check ( ) Yes or No to each of the following questions

1. Are you a U. S. Resident ? Yes ☐ No ☒
2. Are you a U. S. Citizen ? Yes ☐ No ☒
3. Do you hold a U.S. Permanent Resident Card (Green Card Holder) ? Yes ☐ No ☒
4. If answer to any of the questions from 1 to 3 is Yes then please provide you Tax Identification Number which is your Social Security Number in Form W9 Yes ☐ No ☒

I hereby confirm that the information provided above is true, accurate and complete.

Subject to applicable laws I hereby consent for **Wealthstreet Financial Services Private Limited ( WFSPL )** or any of its affiliates (including branches) (collectively **Wealthstreet Financial Services Private Limited ( WFSPL )** to share my information with domestic or overseas regulators or tax authorities where necessary to establish my tax liability in my jurisdiction.

Where required by the domestic or overseas regulators or tax authorities, I consent and agree that **Wealthstreet Financial Services Private Limited ( WFSPL )** may withhold from my account(s) such amounts as may be required according to applicable laws, regulations and directives.

I undertake to notify **Wealthstreet Financial Services Private Limited ( WFSPL )** within 30 calendar Days if there is any change in information which I have provided to **WFSPL**.

Date : 30/04/2024

21 Signature of Client



FATCA\_F

## DECLARATION BY HUF

Name : RAJA RAM JANI HUF  
Address : A 1101 MONDEAL HEIGHTS  
BESIDE NOVOTEL HOTEL AHMEDABAD 380015  
Date : 30/04/2024

To,

**Wealthstreet Financial Services Private Limited**

A-1101, Mondeal Heights, Besides Novotel Hotel,  
S.G. Highway, Ahmedabad-380015.

Dear Sir,

We, the undersigned members of RAJA RAM JANI HUF

(HUF) are desirous of opening a Trading / Demat Account in the above-mentioned name with you. The said account will be operated by RAJA RAM JANI (Karta) on behalf of RAJA RAM JANI HUF (HUF).

We hereby undertake that all the transactions undertaken by the said HUF shall be binding not only on the present members of the said joint family (both adults and minors) but also on all future members thereof (both adults and minors) and all persons entitled to a share therein and ourselves personally.

Also that whenever any change occurs in the management or in the constitution of the said joint family of whatsoever nature, we undertake to give notice thereof to you.

Sr. No.	Name Of Member	Designation	Relationship	Date Of Birth	Signature
1.	RAJA RAM JANI	Karta		01/01/1981	
2.	SIMA JANI	Co-Parcener	SPOUSE	01/06/1983	
3.		Co-Parcener			
4.		Co-Parcener			
5.		Co-Parcener			
6.		Co-Parcener			
7.		Co-Parcener			

Thanking you,

Yours faithfully,

A HUF

KARTA

(HUF Stamp & Sign)



HUF\_DEC\_B

## Voluntary Authorisation Letter

From :

RAJA RAM JANI HUF

Date :

A 1101 MONDEAL HEIGHTS

**Wealthstreet Financial Services Private Limited**

A-1101, Mondeal Heights,  
Besides Novotel Hotel, S.G. Highway,  
Ahmedabad-380015.

Client Code: \_\_\_\_\_

DP Client Code: \_\_\_\_\_

By ticking on YES you authorize WSAPL to maintain the Trading Account as Running Account thereby adjusting any obligations and receivables.

Dear Sir,

### Subject : Voluntary Authorisation letter

**1. Authorization relating to retain/adjust the shares/securities/ funds and Running Account Maintenance:-** ☒ Yes ☐ No

a. You can maintain my account on a running account basis and adjust any securities and/or amounts receivable from me against any credits standing into my account or from my forthcoming payouts payable by me to Wealthstreet Financial Services Private Limited where I am registered with you as a Client.

b. I request you to keep my securities, margins and/or funds with you to meet my pay in obligations in the succeeding settlements in the same segment as well as other segments of BSE and/or NSE / MCX and/or NCDEX where I am registered with you as a Client.

c. Further it is observed that many times the date on which payment is due to me from you and the date which I am required to make payment to you are very close and therefore exchange of cheques become unnecessary paper work. Hence, I request you to maintain the running account facility with you. I agree that you shall not be required to pay any interest/ charges/ cost in respect of funds or securities so held by you on a running account basis.

d. Further, I hereby give my consent to you to maintain my account on a RUNNING ACCOUNT basis instead of on a daily settlement-to-settlement basis. The securities lying in the pool/ beneficiary's accounts of the Wealthstreet Financial Services Private Limited should be considered as margin deposits from me.

e. However my preference for compulsory periodic settlement of funds/securities as follows:

☐ Monthly ☒ Quarterly

f. I declare that this authorisation is revocable by me at any time without giving any prior notice of such revocation to **Wealthstreet Financial Services Private Limited**

g. I agree that in case, I desire to take any pay outs from my trading account, I specifically shall intimate about the same and Wealthstreet Financial Services Private Limited shall upon due scrutiny of my account and upon adherence to its policy/procedure, shall release eligible amount to me.

h. I further agree that this authorisation shall have an equal binding effect to the successors, executors and assigns of **Wealthstreet Financial Services Private Limited**

i. I hereby authorise you to transfer/adjust all the additional funds/securities lying in my ledger account after meeting my obligations/dues, to the collateral account to avail exposure or keep all funds/securities in your margin account with you to meet my margin obligations or keep the same with any exchange and/or with clearing member in the form of fixed deposit or any other form to avail exposure/meet margin requirements. I understand that there would not be any interest/commission payable to me in the event of above arrangement. This arrangement would be without any consideration or the fund/securities so moved will not bear any interest/commission payable to me/is in the event of above arrangement..

**2. Authorization for receiving ECN's and any documents/communications in electronic form by E-mail from Stock Broker and Depository**

**Participant display on Website:-** ☒ Yes ☐ No

I am registered as a Client and having the captioned trading account with WFSPL & Depository account with WFSPL and hereby authorize WFSPL for the following:

By ticking on YES you authorize WFSPL to send all important

E-mail ID: KYC@wealthstreet.in

 RAJA RAM JANI HUF  
22 First / Sole Holder  
KARTIA

To be continued on next page



VOL\_AUT\_LTR\_F



continued from previous page.

- a) I/we authorize WFSPL to issue me/us electronic contract notes (ECN's), bills, trade confirmations, ledgers, daily margin statements, statement of accounts for periodical settlement of funds and securities, any notices, circulars, amendments and such other correspondence or communication related to my/our trading account (hereinafter referred to as "Documents") and wherever required duly authenticated by means of a digital signature as specified in the information technology Act, 2000 and the rules made there under to the E-mail ID as mentioned hereunder:
- b) I/We understand that the documents received on e-mail/displayed on website are for my/our convenience. I/we will take all the necessary steps to ensure confidentiality and secrecy of the login name & password of the internet/email account.
- c) I/We is/are aware that the documents as may be accessed by other entities in case the confidentiality/ secrecy of the login name and password is compromised.
- d) I/We shall verify the authenticity of the e-mails which I/we shall receive. WFSPL shall not be responsible, if I/we do not receive the documents due to incorrect email ID and/or technical reasons.
- e) I authorize WFSPL to issue me bills, ledgers, monthly/quarterly/yearly demat transaction cum holding statements, any notices, circulars, amendments and such other correspondence or communication related to my demat account (hereinafter referred to as "Documents") and wherever required duly authenticated by means of a digital signature as specified in the information technology Act, 2000 .
- f) I understand that wherever the e-mails have not been delivered to me or has been rejected (bouncing of mails) from the e-mail ID of mine, WFSPL would send physical document to me. I further hereby agree that WFSPL have fulfilled the legal obligation, if the above documents are sent electronically to the above-mentioned e-mail ID. I agree that WFSPL will not be responsible for non receipt of documents sent via electronic delivery due to change in email address or for any other reason which inter alia include my email/inbox running out of capacity, malfunction of my computer system/server/internet connection, mails received by frauds/imposters etc. I also agree that WFSPL shall not take cognizance of out-of office/ out-of station auto replies and I shall be deemed to have received such electronic mails.
- g) I shall inform WFSPL in writing if there is any change in my registered e-mail ID. KYC@wealthstreet.in

**3) Authorisation for debiting various depository charges:-** ☒ Yes ☐ No

By ticking on YES you authorize WFSPL to deduct all DP charges from your account.

- a) I hereby give my consent/authority to debit/recover all types of depository charges viz annual maintenance charges, inter settlement charges, any type of transaction charges as is levied on me for the transactions carried out in my demat account including any statutory levies, services tax or any other tax/charges/fees in/from my trading ledger having the captioned client code as maintained with WFSPL. I understand and agree that such depository charges will be debited in my trading ledger maintained with WFSPL irrespective of the ledger balance on periodically and/or as per the details provided by WFSPL
- b) I instruct WFSPL to provide the requisite information periodically and/or on occasion basis of such charges levied on me to WFSPL with whom I have opened the trading account
- c) I understand and consent that WFSPL shall have the right to recover the depository charges like any other trade dues payable by me from my trading ledger. I hereby further authorize WFSPL to set off a part or whole of the collateral/ledger balances/securities in my demat account i.e. by way of appropriation of the relevant amount of cash or by way of sell or transfer or liquidation/close out positions of all or some of the securities placed as collateral or lying in my demat account as stated above for the purpose of clearing any outstanding amount related to the aforesaid demat account maintained with WFSPL. Any and all losses and financial charges on account of such liquidation/close-out shall be borne by me.

By ticking on YES you express your approval and interest in receiving information on various other financial products/services that WFSPL has to offer. You also allow WFSPL to share your preferences with other allied businesses.

E-mail ID: KYC@wealthstreet.in



To be continued on next page

#### 4) Sharing of Data & Information:-

- a) I have opened a trading account with WFSPL having the captioned client code and demat account with WFSPL -DP having the captioned client code and am interested in knowing about various financial products /facilities offered by your associate/group companies. I am aware that associate/group companies are required to obtain information about me and my transactions for providing various financial products/facilities.
- b) I authorize you, your group companies and associates to keep me informed with any financial product which Wealthstreet, its group companies and associates presently issue, deal in, or distribute or may, from time to time, launch, issue, deal in or distribute through e-mail, SMS, telephone, print media or otherwise as may be allowed .
- c) I hereby voluntarily accept and expressly authorize WFSPL to get the information from WFSPL-DP or from any other Depository Participant of its group/associate companies with whom I have the Demat account and share/disclose or use in any manner, the information/documents/data about me and our transactions, with group of associates companies which is offering the products / facilities.

- Information provided by me in the Trading and Demat Account Opening Kit.
- My holdings in stocks/securities.
- Ledger balances in my Trading/Demat Account across all Exchanges/Depositories.
- Transaction cum holding statement with WFSPL- DP
- Any other related information

d). To the extent appropriate for our relationship with you, personal information may be shared for the following purposes : -

- to comply with applicable laws, rules and regulations, including anti-terrorism, KYC, anti-money laundering and tax reporting rules and regulations
- to comply with legal process, to respond to requests from public, regulatory or government authorities (including authorities outside your country of residency), and to allow us to pursue remedies and limit damage
- to any of our associate / affiliate / group entities including our service providers performing delegated outsourced function to enable them to perform internal business processes (which facilitate transactions) such as risk management purposes, data analysis, audits, developing and improving new products and services, etc
- to any of our associate / affiliate / group entities to enable them to provide you with appropriate products and services

e) I have no objection to WFSPL sharing the above information or any such other information, about me/us with its group/associate companies or affiliates. This is without legal obligation on you, your group companies and associates to so inform and you or they may, in their discretion, discontinue sending such information.

5 I understand that in respect of derivative market transaction, apart from margin liability as on the date of settlement, trading member may retain additional margins (maximum up to 125% of margin requirement on the day of settlement) to take care of any margin obligation arising in next days.

6 I / we do hereby authorize WFSPL to utilize / adjust my / our financial ledger credits towards my investments in Mutual Fund units, debentures, other form of securities, Initial Public Offers (IPOs), FPOs, Fixed Deposits, NCDs, bonds, New Fund Offers etc under my instruction either oral / written.

I/We hereby agree that WFSPL can retain the amount of Rs. 10000 across all segment subject to the condition that I have traded during the last Quarter" I / we further state that this authorization is given by me / us purely out of our choice of convenience. I / we shall not make any claim whatsoever upon WFSPL for WFSPL standing guided by this authorization in favor of maintaining my / our account on running account basis.

Name : RAJA RAM JANI HUF

Place : AHMEDABAD



## Electronic Contract Note [ECN] DECLARATION (VOLUNTARY)

Appendix A

To,

**Wealthstreet Financial Services Private Limited**

Dear Sir,

I, RAJA RAM JANI HUF a client with Member  
M/s. WEALTHSTREET FINANCIAL SERVICES PRIVATE LIMITED of COMMODITY

Exchange undertake as follows:

- I am aware that the Member has to provide physical contract note in respect of all the trades placed by me unless I myself want the same in the electronic form.
- I am aware that the Member has to provide electronic contract note for my convenience on my request only.
- Though the Member is required to deliver physical contract note, I find that it is inconvenient for me to receive physical contract notes. Therefore, I am voluntarily requesting for delivery of electronic contract note pertaining to all the trades carried out / ordered by me.
- I have access to a computer and am a regular internet user, having sufficient knowledge of handling the email operations.
- My email id is KYC@wealthstreet.in. This has been created by me and not by someone else.
- I am aware that this declaration form should be in English or in any other Indian language known to me.

[The above declaration has been read and understood by me. I am aware of the risk involved in dispensing with the physical contract note, and do hereby take full responsibility for the same]

(The above lines must be reproduced in own handwriting of the client.)

Client Name: RAJA RAM JANI HUF

Unique Client Code : \_\_\_\_\_

PAN: A A A H B 1 2 3 4 AAddress : A 1101 MONDEAL HEIGHTS, KARTAR HUF

Signature of the client



Date : 30/04/2024

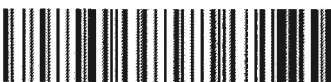
Place: AHMEDABAD

Verification of the client signature done by,

Name of the designated officer of the Member

Signature

Date :



ECN\_DEC\_B

## MUTUAL FUND CONFIRMATION

Date: 30/04/2024

To,

**Wealthstreet Financial Services Private Limited**

Regd. office : A-1101, Mondeal Heights, Besides Novotel Hotel,  
S.G. Highway, Ahmedabad-380015.

Dear Sir,

**Subject: BSE Star MF/MFSS**

I/We RAJA RAM JANI HUF am/are registered as your client with Client Code No. \_\_\_\_\_ and have entered into relationship with the Trading Member for the purpose of trading in the Capital Market Segment of Bombay Stock Exchange Ltd. (Exchange) and National Stock Exchange Ltd. (Exchange).

I/We am/are interested in availing the trading facility of the Exchange for the purpose of dealing in the units of Mutual Funds Schemes permitted to be dealt with on the BSE STAR MF and MFSS on the Exchange.

I/We am/are provides my consent for mutual fund trading against collateral lying my account. Also, aware that in event of non clearance of debit in my/our trading accounts; there is risk of stock collateral or MF collateral getting liquidated to extent of my/our ledger debit for recovery of trading debit.

For the purpose of availing the BSE STAR MF & MFSS. I/We state that Know Your Client details as submitted by me/us for the stock broking may be considered for the purpose of BSE STAR MF & MFSS and I/We further confirm that the details contained in same remain unchanged as on date.

I/We am/are willing to abide by the terms and conditions as mention in the circular dated December 2, 2009 and such other Notices/Circulars as may be specified by the Exchange/ICCI from time to time in this regards, for BSE STAR MF and Terms & Conditions mentioned in circular No. NSE/MFSS/003/2001 download Ref. No. NSE (MIC/I 3533) dated November 24, 2009.

I/We shall ensure also compliance with the requirements as may be specified from time to time by Securities and Exchange Board of India and Association of Mutual Funds of India (AMFI)

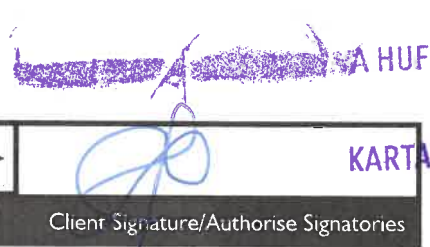

I/We shall read and understand the contents of the Scheme Information Document and Key Information Memorandum, addenda issued regarding each Mutual Fund Schemes with respect to which I/We choose to subscribe/redeem. I/We further agree to abide by the terms and conditions, rules and regulations of the Mutual Fund Schemes.

I/We therefore request you to register me/us as your client for participating in BSE STAR MF and MFSS.

Thanking you,

Yours faithfully,

Client Name RAJA RAM JANI HUF  
Demat A/c No. \_\_\_\_\_  
1st Holder \_\_\_\_\_  
2nd Holder \_\_\_\_\_  
3rd Holder \_\_\_\_\_

  
  
Client Signature/Authorise Signatories

Date : 30/04/2024

Place: AHMEDABAD



MUT\_FUND\_B



## Instructions:

- This declaration form has to be sent by the Member to the client on the email id provided by client while opening the trading account.
- The client shall, on receipt of this email, print the email as well as the declaration form.
- The hard copy of the declaration shall be filled up by the client and submitted to the Member along with a signed hard copy of the email. The Member shall acknowledge the receipt of the declaration from the client.
- The size of the font of this declaration must be at least 12.

To,

**Wealthstreet Financial Services Private Limited**

Regd. office : A-1101, Mondeal Heights, Besides Novotel Hotel,  
S.G. Highway, Ahmedabad-380015.

Dear Sir,

**Sub : My / Our request for trading in commodity forward contracts / commodity derivatives on one or more exchanges as your client**

I/We, the undersigned, have taken cognizance of circulars issued by different commodity exchanges in pursuance of directions received from SEBI from time to time regarding calculation of net open positions permitted in any commodity and I/we hereby undertake to comply with the same.

I/We hereby declare and undertake that we will not exceed the position limits prescribed from time to time by different exchanges or SEBI or Forward Markets Commission and such position limits will be calculated in accordance with the circulars of respecting exchanges as modified from time to time.

I/We undertake to inform you and keep you informed if I/any of our partners/ directors/ karta/ trustee or any of the partnership firms/ companies/ HUFs/ Trusts in which I or any of above such person is a partner/ director/ karta/trustee, takes or holds any position in any commodity forward contract/ commodity derivative on different exchanges through you or through any other member(s) of different exchanges, to enable you to restrict our position limit as prescribed by the above referred circular of different exchanges as modified from time to time.

I/We confirm that you have agreed to enter orders in commodity forward contracts/ commodity derivatives for me/us as your clients on different exchanges only on the basis of our above assurances and undertaking.

Yours faithfully,

Signature of the client

(Sole Proprietor / Partner / Director / Karta / Trustee)

  
27  
Signature of Client

Date : 30/04/2024

Place: AHMEDABAD



COM\_CON\_F

# CLIENT MASTER - FOR USE BY WSFSL

## STRICTLY BRANCH REFERENCE

Place \_\_\_\_\_ Date \_\_\_\_\_

Authorised Person / Business Associate sharing arrangement details and Sub-brokers (name & code)	
Signature	

## BROKERAGE DETAILS - REFER PAGE NO. 8

## STRICTLY HO REFERENCE

### Initial entries

CALL VERIFICATION	INWARD PARTICULARS	DOCUMENT VERIFICATION
Date _____	Date _____	Date _____
Time _____	Time _____	Time _____
Sign _____	Sign _____	Sign _____

DATA ENTRY PARTICULARS	ACCOUNT ACTIVATION	BACK OFFICE MASTERS
Date _____	Code Allotted (all segments) _____	Date _____
Time _____	Date _____	Updated by _____
Sign _____	Sign _____	Sign _____

### Remarks

## PROCEDURE CHECK LIST

<input type="checkbox"/> Call verification of Client	<input type="checkbox"/> Mail sent to Client	<input type="checkbox"/> SMS sent to Client	<input type="checkbox"/> Welcome kit dispatch
--	--	---	---

Signature of Back-office Incharge / Compliance Official \_\_\_\_\_

Intimation from Branch by		Receipt mode
Document received		
Signature of Back-office Incharge		Date _____
Audited by	Original	Rejected pursuant
Audit date		



CHK\_LIST\_B



**Wealthstreet**  
The Financial Engineers

Wealthstreet Financial Services Pvt Ltd (CIN No : U74999GJ2016PTC094432)  
Corp. Office : A-1101, Mondeal Heights, Besides Novotel Hotel, S.G. Highway,  
Ahmedabad-380015.  
Contact No.: Phone : 079-66775500 E-mail : helpdesk@wealthstreet.in

**FATCA-CRS Declaration & Supplementary KYC Information**  
**Self Declaration Form for Entities / Non-Individuals [for DP & Trading]**

*Please seek appropriate advice from your professional tax professional on your tax residency and related FATCA & CRS guidance*

**TRADING CODE**

**DPID**

1

2

0

8

5

5

0

0

**NAME**

**PAN\***

RAJA RAM JANI HUF

A

A

A

H

B

1

2

3

4

A

Address Type  
(For KYC Address)

☐

Residential

☐

Residential / Business

☐

Business

☐

Registered Office

Place of  
Incorporation

AHMEDABAD

Country of  
Incorporation

INDIA

Gross Annual  
Income Details  
in INR

☐

Below 1 Lakh

☒

1-5 Lacs

☐

5-10 Lacs

☐

10-25 Lacs

☐

25 Lacs - 1 Cr

☐

> 1 Crore

Net Worth in  
INR. In Lacs

Net Worth As of

/ /20

Is the entity  
involved in /  
providing any of  
the following  
services:

☐

Foreign Exchange / Money  
Changer Services

☐

Gaming / Gambling / Lottery  
Services [e.g. casinos, betting  
syndicates] Money Laundering  
/ Pawning

Any other  
information  
(if applicable)

Is your [Entity] Country of Tax Residency other than India – ☐ Yes ☒ No

If "Yes", please specify the details of all countries where you [Entity] hold tax residency and its Tax Identification Number & type hereunder:

SR No	Country of Tax Residency#	Tax Payer Identification Number /Functional Equivalent / Company Identification Number or Global Entity Identification Number	Identification Type (TIN or other, please specify)
1			
2			

In case the Entity's Country of Incorporation / Tax Residence is US but Entity is not a Specified US person, mention Entity's exemption code here \_\_\_\_\_ (Refer Instructions P)

**Declaration:**

Entity Constitution Type (Pvt.Co./Public Co./LLP/Partnership/ HUF/AOP/BOI/Proprietorship/Trust/ Others	HUF
Entity Identification Type (tick as applicable)	<input type="checkbox"/> Company Identification Number <input type="checkbox"/> TIN/ Tax deduction Account Number <input type="checkbox"/> Global Entity Identification Number (GEIN) <input type="checkbox"/> Trust Registration Number <input type="checkbox"/> US GIIN <input type="checkbox"/> Other
Entity Identification No.	A A A H B 1 2 3 4 A
Entity Identification issuing country	INDIA
Country of Residence for tax purpose	INDIA

<b>Entity Classification :</b>
--------------------------------

## Part I – Financial Institution

A.	<p>Whether Reporting Financial Institution (Please tick as applicable): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes, Please tick any one of the following categories as applicable to you and provide your Global Intermediary Identification Number (GIIN) :</p> <p><input type="checkbox"/> Depository Instt. <input type="checkbox"/> Custodial Instt. <input type="checkbox"/> Investment Entity <input type="checkbox"/> Specified Insurance Company</p> <p><b>GIIN :</b></p> <table border="1" data-bbox="234 607 1442 645"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				
B.	<p>Whether Non Reporting Financial Institution (Please tick as applicable) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes, Mention category as applicable to you (<i>Refer Annexure B</i>) :</p>																				
C.	<p>Whether Sponsored Investment Entity which is not qualified intermediary to obtain GIIN but Sponsored by another entity that has registered as a Sponsoring Entity (Please tick as applicable): <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, Please provide the following details of Sponsoring Entity :</p> <p>Name of Sponsoring Entity : _____</p> <p>GIIN of Sponsoring Entity : _____</p>																				
D.	<p>Whether Trustee Documented Trust and has not yet obtained GIIN (Please tick as applicable):</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO                      If Yes, Please provide the following details of Trustee :</p> <p>Name of Trustee : _____</p> <p>GIIN of Trustee : _____</p>																				
E.	<p>Whether Owner documented Financial Institution (Please tick as applicable) : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Yes, Provide the details of each controlling person in the table given below</p>																				
F.	<p>Whether Non Participating Financial Institution (Please tick as applicable) : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>																				

<p><b>Part II – Non Financial Entity (NFE)</b></p>
--

[illegible]

**Controlling Person Declaration:**

Name of Controlling person	Correspondence Address	Country of residence for tax purpose	TIN (if any)	TIN issuing Country	Controlling person type
RAJA RAM JANI	AHMEDABAD	INDIA			KARTA

Details	For Controlling person 1	For Controlling person 2	For Controlling person 3	For Controlling person 4	For Controlling person 5
Document submitted for Identification : Passport/Election Card/PAN card/Govt. ID Card / Others	PAN				
Identification Number	AAAHB1234A				

**Declaration:**

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may liable for it. I/We hereby authorize you to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me/us, including all changes, updates to such information as and when provided by me/us to any of the Exchanges/Depositories/Mutual Fund, its sponsor, Asset Mgmt. Co., trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries /or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information as may be required at your / Fund"s end or by domestic or overseas regulators/ tax authorities. I/We authorize Fund/AMC/RTA to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same. I /We understand that you do not offer any tax advice on CRS/FATCA or its impact on me/us. I/We shall seek advice from Professional Tax Advisor for any tax questions.

**Signature with relevant seal:**

X \_\_\_\_\_  
KARTA

X \_\_\_\_\_

X \_\_\_\_\_

DATE : 30/04/2024 PLACE : AHMEDABAD

## **Instructions for FATCA & CRS Declaration**

- A. Financial Institution / Foreign Financial Institution [FFI]** – Means any non-US financial institutions that is a – (1) Depository institution – accepts deposits in the ordinary course of banking or similar business; (2) Custodian institution – as a substantial portion of its business, hold financial assets for the accounts of others; (3) Investment entity – conducts a business or operates for or on behalf of a customer for any of the activities like trading in money market instruments, foreign exchange, foreign currency, etc. or individual or collective portfolio management or investing, administering or managing funds, money or financial assets on behalf of other persons; or an entity managed by this type of entity; or (4) Insurance company – entity issuing insurance products i.e. life insurance; (5) Holding or Treasury company – entity that is part of an expanded affiliate group that includes a depository, custodian, specified insurance company or investment entity

**B. “Non-Reporting Financial Institution”**

Sr. No.	Category
1	Governmental Entity, International Organization or Central Bank, other than with respect to a payment that is on an obligation held in connection with a commercial financial activity of a type in by reporting financial institution
2	Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental entity; International Organization or Central Bank
3	A non-public fund of the armed forces, Employees’ State Insurance Fund, a gratuity fund or a provident fund
4	An Indian investment entity held only by (1) to (3) above
5	A qualified Credit Card Issuer
6	Specified Investment advisor or investment manager or executing broker
7	Specified Exempt collective investment vehicle
8	A financial institution with a local client base
9	A local bank*
10	A financial institution with only low value accounts
11	Sponsored investment entity and controlled foreign corporation
12	Trustee documented trust
13	Sponsored closely held investment vehicle, incase of any U.S. Reportable Account

\*Regional Rural Banks constituted under the Regional Rural Bank Act 1976 (21 of 1976), Urban Cooperative Banks constituted under respective State Cooperative Societies Act or Multi State Cooperative Societies Act, State Cooperative Banks or District Central Cooperative Banks constituted under respective State Cooperative Societies Act and Local Area Banks licensed under the Banking Regulations Act, 1949 (10 of 1949) and regulated and registered as public limited companies under the Companies Act, 1956 (1 of 1956) or Companies Act, 2013 (18 of 2013), that satisfy the requirement under sub-clause (iv) shall be treated as local bank for the purpose of this clause.

**C. Active NFFE – Any one of the following –**

Code	Sub-Category
1	Less than 50% of the NFE’s gross income for the preceding calendar year or other appropriate reporting period is passive income and < 50% of the assets held by NFE are assets that produce or are held for the production of passive income
2	The NFE is a Governmental Entity, an International Organization, a Central Bank , or an entity wholly owned by one or more of the foregoing;
3	Substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an entity shall not qualify for NFE status if the entity functions (or holds itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;
4	The NFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE shall not qualify for this exception after the date that is 24 months after the date of the initial organization of the NFE;

5	The NFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganizing with the intent to continue or recommence operations in a business other than that of a Financial Institution
6	The NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution;
7	Any NFE is a 'non for profit' organization which meets all of the following requirements: <ul style="list-style-type: none"> <li>➤ It is established and operated in its jurisdiction of residence exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in its jurisdiction of residence and it is a professional organization, business league, chamber of commerce, labour organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare;</li> <li>➤ It is exempt from income tax in India;</li> <li>➤ It has no shareholders or members who have a proprietary or beneficial interest in its income or assets;</li> <li>➤ The applicable laws of the NFE's jurisdiction of residence or the NFE's formation documents do not permit any income or assets of the NFE to be distributed to, or applied for the benefit of, a private person or non-charitable Entity other than pursuant to the conduct of the NFE's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the NFE has purchased; and</li> <li>➤ The applicable laws of the NFE's jurisdiction of residence or the NFE's formation documents require that, upon the NFE's liquidation or dissolution, all of its assets be distributed to a governmental entity or other non-profit organization, or escheat to the government of the NFE's jurisdiction of residence or any political subdivision thereof.</li> </ul>

**D. Passive NFE** - means any NFE that is not (i) an Active NFE or listed / publicly traded entity or entity related to the listed / publicly traded entity, or (ii) a withholding foreign partnership or withholding foreign trust pursuant to relevant U.S. Treasury Regulations or (iii) the gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity - (Note: Foreign persons having controlling interest in a passive NFE are liable to be reported for tax information compliance purposes)

**E. Direct Reporting NFFE** – a NFFE that elects to report information about its direct or indirect substantial U.S. owners to the IRS

**F. GIIN not required category**

Code	Sub-Category
01	Governmental Entity, International Organization or Central Bank
02	Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental Entity, International Organization or CtlBk
03	Non-public fund of the armed forces, an employees' state insurance fund, a gratuity fund or a provident fund
04	Entity is an Indian FI solely because it is an investment entity
05	Qualified credit card issuer
06	Investment Advisors and Investment Managers
07	Exempt collective investment vehicle
08	Trustee of an Indian Trust
09	FI with a local client base
10	Non-registering local banks
11	FFI with only Low-Value Accounts
12	Sponsored investment entity and controlled foreign corporation
13	Sponsored, Closely Held Investment Vehicle
14	Owner Documented FFI

- G. Listed Company** - A company is publicly traded if its stock are regularly traded on one or more established securities markets (Established securities market means an exchange that is officially recognized and supervised by a governmental authority in which the securities market is located and that has a meaningful annual value of shares traded on the exchange)
- H. Related Entity** - an entity is a "Related Entity" of another entity if one controls the other, or the two entities are under common control (where control means direct or indirect ownership of more than 50% of the vote or value in an entity)
- I. Non-financial foreign entity [NFFE]** - Non-US entity that is not a financial institution [including a territory NFFE]. Following NFFEs are excluded from FATCA reporting – (a) Publicly traded corporation / listed companies; (b) Related Entity of a listed company; and (c) Active NFFE
- J. Passive Income** - portion of gross income that consists of dividends, interest, rents and royalties (other than rents and royalties derived in the active conduct of a trade or business conducted, at least in part, by employees of the NFFE), income equivalent to interest / amount received from pool of insurance contracts, annuities, excess of gains over losses from the sale or exchange of property / from transactions (including futures, forwards or similar transactions) in any commodities but not including (i) any commodity hedging transaction, determined by treating the entity as a controlled foreign corporation or (ii) active business gains or losses from the sale of commodities but only if substantially all the foreign entity's commodities are property, excess of foreign currency gains over losses, net income from notional principal contracts, amounts received under cash value insurance contracts, amounts earned by insurance company in connection with its reserves for insurance and annuity contracts
- K. Controlling Persons** - means the natural persons who exercise control over an entity. In the case of a trust, such term means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust, and in the case of a legal arrangement other than a trust, such term means persons in equivalent or similar positions. The term "Controlling Persons" shall be interpreted in a manner consistent with the Financial Action Task Force Recommendations.
- L. Non-Participating FFIs [NPFFIs]** - an FFI other than participating FFI, a deemed-complaint FFI, or an exempt beneficial owner
- M. Specified US Persons** - Any US Person other than i). A publicly traded corporation; ii). A corporation that is a member of the same expanded affiliate group; iii). A tax exempt organization; iv). an individual retirement plan; v). the United States or an agency or instrumentality of the United States; vi). Any state [including District of Columbia and United States possession] or State Authorities; vii). A bank, viii). A real estate investment trust; ix). A regulated investment company; x). an entity registered with the SEC under the Investment Company Act of 1940; xi). A common trust fund; xii). A tax exempt trust; xiii). A registered dealer; xiv). A registered broker
- N. Expanded affiliated group** - One or more chains of members connected through ownership (50% or more, by vote or value) by a common parent entity if the common parent entity owns stock or other equity interests meeting the requirements in atleast one of the other members
- O. Owner documented FFI** - AN FFI meeting the following requirements – (a) FFI is an FFI solely because it is an investment entity; (b) FFI is not owned by or related to any FFI that is a depository institution, custodial institution, or specified insurance company; (c) FFI does not maintain a financial account for any non-participating FFI; (d) FFI provides the designated withholding agent with all of the documentation and agrees to notify the withholding agent if there is a change in the circumstances, and (e) The designated withholding agent agrees to report to the IRS (or, in case of a reporting Model 1 IGA, to the relevant foreign government or agency thereof) all of the information described in or (as appropriate) with respect to any US specified persons and (2) Notwithstanding the previous sentence, the designated withholding agent is not required to report information with respect to an indirect owner of the FFI that holds its interest through a participating FFI, a deemed-compliant FFI (other than an owner-documented FFI), an entity that is a US person, an exempt beneficial owner, or an exempted NFE



**P. Exemption Code for US persons**

<b>Code</b>	<b>Sub-category</b>
A	An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
B	The United States or any of its agencies or instrumentalities
C	A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
D	A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
E	A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
F	A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
G	A real estate investment trust
H	A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
I	A common trust fund as defined in section 584(a)
J	A bank as defined in section 581
K	A broker
L	A trust exempt from tax under section 664 or described in section 4947(a)(1)
M	A tax exempt trust under a section 403(b) plan or section 457(g) plan
N	Not Applicable



**Know Your Client (KYC)****Application Form (For Individuals Only)****WEALTHSTREET FINANCIAL SERVICES PRIVATE LIMITED**  
Formerly Known as : **WEALTHSTREET ADVISORS PRIVATE LIMITED**

Registered Office: A-1101, Mondeal Heights, S.G Highway, Ahmedabad-380015

Please fill the form in ENGLISH and in BLOCK letters

Fields marked \* are mandatory

Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also

**CDSL VENTURES LIMITED**  
Exploring New Horizons

Application Number:

Application Type\*: ☒ New KYC ☐ Modification KYC**KYC Mode\*:** Please Tick (✓)☒ Normal ☐ EKYC OTP ☐ EKYC Biometric ☐ Online KYC ☐ Offline EKYC ☐ Digilocker**1. Identity Details** (please refer guidelines overleaf)PAN\* AAAPB1234A

Please enclose a duly attested copy of your PAN Card

Name\* (same as ID proof) MR RAJA RAM JANI

Maiden Name\* (if any) \_\_\_\_\_

Fathers/Spouse's Name\* MR RAM CHANDRA JANIMother's Name\* MRS JANKI RAM JANIDate of Birth\* 01/01/1981Gender\* ☒ Male ☐ Female ☐ TransgenderMarital Status\* ☐ Single ☒ MarriedNationality\* ☒ Indian ☐ Other \_\_\_\_\_Residential Status\* ☒ Resident Individual ☐ Non Resident IndianPlease Tick (✓) ☐ Foreign National ☐ Person of Indian Origin\*

(Passport mandatory for NRIs and Foreign Nationals. PIO selection is only for CKYC and not for KRA KYC. Select NRI or Foreign National based on Nationality of the individual)

Cross Signature across photograph

Lat:  
Long:  
IPV: 30/04/2024  
City:

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

☒ A — Aadhaar Card 2222 (Expiry Date) \_\_\_\_\_☐ B — Passport Number \_\_\_\_\_ (Expiry Date) \_\_\_\_\_☐ C — Voter ID Card \_\_\_\_\_ (Expiry Date) \_\_\_\_\_☐ D — Driving License \_\_\_\_\_ (Expiry Date) \_\_\_\_\_☐ E — NREGA Job Card \_\_\_\_\_☐ F — NPR \_\_\_\_\_☐ Z — Others \_\_\_\_\_ (any document notified by Central Government)Identification Number AAAPB1234A**2. Address Details\*** (please refer guidelines overleaf)**A. Correspondence/ Local Address\***Line 1\* A 1101 MONDEAL HEIGHTSLine 2 BESIDE NOVOTEL HOTEL Line3 S G HIGHWAYCity/Town/Village\* AHMEDABAD District\* AHMEDABAD Pin Code\* 380015State\* GUJARAT Country\* INDIAAddress Type\* ☐ Residential/Business ☒ Residential ☐ Business ☐ Registered Office ☐ Unspecified**Occupation** (Please Tick) ☒ S-Service ( ☒ Private Sector ☐ Public Sector ☐ Govt Sector)  
☐ O-Others ( ☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student)  
☐ B-Business ☐ X-Not Categorised

Applicant e-SIGN

**B. Permanent residence address of applicant, if different from above A / Overseas Address\* (Mandatory for NRI Applicant)**

Line 1\* SAME AS CORRESPONDENCE

Line 2

Line 3

City/

Town/Village\*

District\*

Pin Code\*

State\*

Country\*

Address Type\* ☐ Residential/Business ☒ Residential ☐ Business ☐ Registered Office ☐ Unspecified**Proof of Address\*** (attested copy of any 1 POA for correspondence and permanent address each to be submitted)☒ A — Aadhaar Card 2222☐ B — Passport Number

(Expiry Date)

☐ C — Voter ID Card☐ D — Driving License

(Expiry Date)

☐ E — NREGA Job Card☐ F — NPR Letter☐ Z—Others

(any document notified by Central Government)

Identification Number

**3. Contact Details (in CAPITAL)**

Email ID\* KYC@wealthstreet.in

Mobile No. \* 07966775552

Tel (off)

Tel (Res)

**4. Applicant Declaration**

I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it.

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.

DATE: 30/04/2024 (DD-MM-YYYY)

PLACE: AHMEDABAD

Applicant e-SIGN

Applicant Wet Signature

**5. For Office Use Only**

In-Person Verification (IPV) carried out by\*

Intermediary Details\*

IPV Date 30/04/2024

Emp. Name RADHA

Emp. Code 4444

Emp. Designation RM

☒ Self certified document copies received (OVD)☒ True Copies of documents received (Attested)

AMC / Intermediary Name :

**WEALTHSTREET FINANCIAL SERVICES PRIVATE LIMITED**

(stamped or e-stamped appropriately)


## DEMAT DEBIT AND PLEDGE INSTRUCTION (DDPI)

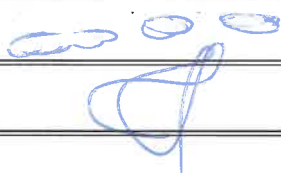



TO ALL TO WHOM THESE PRESENTS SHALL COME TO ALL TO WHOM THESE PRESENTS SHALL COME I/we

RAJA RAM JANI HUF (Name of the BO), with full address  
A-1101, MONDEAL HEIGHTS, BESIDES NOVOTEL HOTEL,  
AHMEDABAD. 380015


Indian inhabitant /Non-resident hold a Beneficiary account no. as provided in Annexure-1, with Central Depository Services (India) Limited, with Wealthstreet Financial Services Private Limited (Formerly known as Wealthstreet Advisors Private Limited) (a Depository Participant with CDSL bearing DP-ID 12085500 & SEBI registered stock broker having SEBI registration no. INZ000157331, here by authorize Wealthstreet Financial Services Private Limited (WFSPL), having its registered office at A-1101, Mondeal Heights, Besides NOVOTEL Hotel, S.G. Highway, Ahmedabad – 380015 or any of its officers or employees or any sub agents as may be delegated by said DP to carry out following exercises for me/us and on my/our behalf and in my/our name from time to time until revoked by me/us in writing given to WFSPL and such revocation shall not affect the validity of any acts, deeds or things done or action taken by WFSPL for discharging any of my/our settlement/ margin obligations in respect of any transactions which is pending on the date of receipt of the notice of revocation by me/us.

LIST OF DEMAT ACCOUNT OF THE CLIENTS.			Annexure – 1
Sr. No	Name of the Account Holder	DP ID	Client ID
1.	RAJA RAM JANI HUF	12085500	
2.			
3.			

Sr. No.	Purpose	Signature (physical signature or eSign)	
1	Transfer of securities held in the beneficial owner accounts of me/us towards Stock Exchange related deliveries / settlement obligations arising out of trades executed by me/us on the Stock Exchange in any segments to the respective pool accounts of WFSPL as mentioned in Annexure-2 of this instrument.	1st holder Name	<u>RAJA RAM JANI HUF</u>
		Signature X	 <u>KARTA</u>
		2nd holder Name	
2	Pledging / re-pledging of securities in favor of WFSPL to the respective Margin Pledge accounts or margin fund pledge accounts of WFSPL as mentioned in Annexure-2 of this instrument & re-pledging of securities by WFSPL to Clearing Corporations for the purpose of meeting margin requirements of me/us in connection with the trades executed by me/us on the Stock Exchanges in any segments.	2nd holder Name	
		Signature X	
		3rd holder Name	
		Signature X	

3	Mutual Fund transactions being executed on Stock Exchange order entry Platforms	1st holder Name	 KARTA HUF
		Signature X	
		2nd holder Name	KARTA
		Signature X	
		3rd holder Name	
		Signature X	
4	Tendering shares in open offers through Stock Exchange Platforms	1st holder Name	 KARTA HUF
		Signature X	
		2nd holder Name	KARTA
		Signature X	
		3rd holder Name	
		Signature X	

LIST OF DEMAT ACCOUNT WFSPL			Annexure – 2
Sr. No.	Name of the Account Holder	DP ID	Client ID
1.	Wealthstreet Financial Services Private Limited - BSE POOL A/C CDSL	12085500	00000717
2.	Wealthstreet Financial Services Private Limited - BSE POOL A/C NSDL	IN301330	22406422
3.	Wealthstreet Financial Services Private Limited - BSE EARLY PAYIN A/C	11000010	00024033
4.	Wealthstreet Financial Services Private Limited - NSE POOL A/C NSDL	IN301330	22405989
5.	Wealthstreet Financial Services Private Limited - NSE SLB POOL A/C	12085500	00008773
6.	Wealthstreet Financial Services Private Limited - NSE POOL A/C CDSL	12085500	00000736
7.	Wealthstreet Financial Services Private Limited - NSE EARLY PAYIN A/C	11000011	00020381
8.	Wealthstreet Financial Services Private Limited - CDSL TCM Margin Pledge A/C	12085500	00056528
9.	Wealthstreet Financial Services Private Limited - MTF Collateral Margin Pledge A/C	12085500	00056908
10.	Wealthstreet Financial Services Private Limited - MTF Funded Margin Pledge A/C	12085500	00055790
11.	Wealthstreet Financial Services Private Limited - NSDL TCM Margin Pledge A/C	IN301330	40371061
12.	Wealthstreet Financial Services Private Limited - NSDL CUSA Account	IN301330	22406973
13.	Wealthstreet Financial Services Private Limited - CLIENT UNPAID SECURITIES A/C	12085500	00131681

Sr. No	Name of Members/Co Parceners	Signatures of Members/Co Parceners
1.	SIMA JANI	
2.		
3.		

I/We accept (For Wealthstreet Financial Services Private Limited)

Date :

Place :

( Authorized Signatories )/Esign